

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1		1					
2										
3										
4										
5			1		1					
6			1		1					
7	1									
8										
9	1		1		1					
10	1		1		1					
11										
12										
13										
14										
15		1		1	1					
16			1		1					
17			1		1					
18				1	1					
19				1	1					
20				1	1					
21			1		1					
22				1	1					
23				1	1					
24				1	1					
25				1	1					
26				1	1					
27			1	1	1					
28				1	1					
29			1	1	1					
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.			4		4					
TOTAL DEP.			16		17					
TOTAL CLAIMS					21					